Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

CALIFORNIA 460 FORM
2001/02

Date Stamp

FILE

APR 17 2006

REGISTRAR OF VOTERS

By _____ Deputy

SEE INSTRUCTIONS ON REVERSE

Statement covers period

from 01/01/06

through 03/17/06

Date of election if applicable:
(Month, Day, Year)

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For Official Use Only

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

☑ Officeholder, Candidate Controlled Committee
   ○ State Candidate Election Committee
   ○ Recall
   (Also Complete Part 5)

☐ General Purpose Committee
   ○ Sponsored
   ○ Small Contributor Committee
   ○ Political Party/Central Committee

☐ Primarily Formed Ballot Measure Committee
   ○ Controlled
   ○ Sponsored
   (Also Complete Part 6)

☐ Primarily Formed Candidate/ Officeholder Committee
   (Also Complete Part 7)

2. Type of Statement:

☐ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement (Also file a Form 410 Termination)
☒ Amendment (Explain below)

☒ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495

Add Address and Employer Info

3. Committee Information

I.D. NUMBER 980968

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Guillory for Assessor

STREET ADDRESS (NO P.O. BOX)

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Jo Ann Lovejoy

MAILING ADDRESS

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____ Date

Executed on 4/14/06 Date

Executed on _____ Date

Executed on _____ Date

By _____ Signature of Treasurer or Assistant Treasurer

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Schedule A
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period	
from	01/01/06
through	03/17/06

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

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NAME OF FILER

GUILLORY FOR ASSESSOR

I.D. NUMBER
980968

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/08/06	Michael A. Jacobs	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Insurance Retired	500.00		
03/08/06	Janice M. Johnson	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	500.00		
03/08/06	Wendy G. Brooks	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Event Manager Self	100.00		
2/24/06	Sol H. Cates	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	1,000.00		
2/24/06	Melani Mixon	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Medical Supplies Self	100.00		

SUBTOTAL $

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) .... $ 4200.00

2. Amount received this period – unitemized monetary contributions of less than $100 .... $ 99.00

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .... TOTAL $ 4299.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
        (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period	
from	01/01/06
through	03/17/06

CALIFORNIA FORM **460**

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NAME OF FILER

GUILLORY FOR ASSESSOR

I.D. NUMBER

980968

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/14/06	Ernie Schneider	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	COO Hunsaker & Assoc	250.00		
03/14/06	La Binus Kennedy	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	250.00		
03/14/06	Master Plan Development	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1,500.00		
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				

SUBTOTAL $ 2000.00

*Contributor Codes

IND – Individual
COM – Recipient Committee
    (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee